

I also suspect that reviewers and editors would have demanded a finer grained analysis if the results had been different. The investigators do not explain why they used the three categories of free, partially free, and not free to characterise the extent of democracy when Freedom House rates each country on a 7 point scale both for political rights and for civil liberties and makes these data available on its website.⁴ The quality of the data was also problematic. Although the information on life expectancy and maternal and infant mortality from the *Human Development Report* is no doubt the best available, the report acknowledges its many gaps and discrepancies.⁵

Implications

Let us put methodological issues aside and take the findings at face value. What can we usefully make of this cross sectional association between political freedom and health? After all, it is obvious that the way people live (and therefore how healthy they are) is shaped by political, social, demographic, economic, and cultural forces. Choices made by individuals about what they eat, where they work, what they do in their leisure time, the age at which they start their families, and how they look after their children are inevitably and heavily influenced by the society in which they live.

Our current preoccupation with risk factor epidemiology tends to obscure the fact that many of

the forces that affect health and disease operate not at an individual level but on groups. The biological mechanisms by which these group level forces act are often obscure, but one example to the contrary is herd immunity. Although herd immunity is a powerful determinant of a person's risk of infectious disease, it is not a property that can be adequately captured by making measurements on individuals. The effects on health of large scale forces such as urbanisation, industrialisation, population growth, changes in the age structure of the population, racial discrimination, poverty, and inequality are likely to be profound. Franco et al would like us to add democratisation to this list and argue that there's a need for political epidemiology. If they mean that we should think about and investigate how the way a society organises and conducts itself affects the health of its members, who could disagree?

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Lifestyle, health, and health promotion in Nazi Germany

George Davey Smith

Several health related behaviours came under scrutiny in the 1930s and '40s in Germany, but did the associated campaigns achieve any benefits?

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It may seem paradoxical that the robust identification of one of the most important environmental causes of disease of the 20th century occurred in a totalitarian state. The first case-control study of smoking and lung cancer originated in Nazi Germany in 1939 and found that heavy smoking was strongly related to the risk of lung cancer. Such research occurred against a backdrop of considerable official concern in Germany on the health damaging effects of smoking. Dr Leonard Conti, the Reich health führer, established the Bureau against the Dangers of Alcohol and Tobacco in 1939.¹ In 1942 the Institute for the Struggle against the Dangers of Tobacco was established at the University of Jena, where a second case-control study of smoking and lung cancer was carried out.² This was a convincing investigation in which the authors showed a sophisticated understanding of the potential biases that could distort epidemiological findings. The institute from which this study was run was supported by 100 000 reichsmark of Adolf Hitler's personal finances.¹

As well as research on smoking there was much antismoking health promotion in Nazi Germany.³ The Hitler Youth and the League of German Girls disseminated antismoking propaganda, and in 1939 Hermann Göring issued a decree forbidding the military from

smoking on the streets and during marches or brief off-duty periods. In 1942 the Federation of German Women launched a campaign against tobacco and alcohol misuse. Such campaigns were backed by legislation, and smoking was banned for both pupils and teachers in many schools. From July 1943, tobacco use was outlawed in public places for anyone aged less than 18 years. It was considered criminal negligence if



He doesn't eat her, she devours him. Signed by "the Chainsmoker"

drivers were involved in crashes while smoking. In 1944, smoking was banned on trains and buses in cities. It was also prohibited in many workplaces, public buildings, hospitals, and rest homes. The advertising of smoking products was strictly controlled, and there was discussion on whether people with smoking related illnesses should receive medical care equal to that of patients with illnesses not seen to be self inflicted. Many leading Nazis—such as Robert Ley, leader of the German Labour Front, Hans Reiter, president of the Reich Health Office, and both Gerhard Wagner and Leonardo Conti, the successive Führers of German medicine—attested to the benefits of not smoking. Adolf Hitler was the star performer in antismoking propaganda. As one magazine stated, “Brother national socialist, do you know that your Führer is against smoking and thinks that every German is responsible to the whole people for all his deeds and missions, and does not have the right to damage his body with drugs?”

Smoking was only one of the health related behaviours that received attention in Nazi Germany. The consumption of alcohol was also strongly campaigned against. Fruit and vegetable consumption was encouraged, as was the use of wholemeal bread and the avoidance of fat.¹ A key figure in Nazi medicine, Erwin Liek, predicted that cancer would come to be seen as a product of diet.² The consumption of whipped cream seems to have been a particular target of disapproval. The official newspaper of the SS, *Das Schwarze Korps*, reported on German tourists in Austrian coffee houses and said that anyone would “think Greater Germany was only created so that this raving Philistine rabble can wolf whipped cream.” A prominent promilitarist slogan read, “Fighting power or whipped cream?” Considerable interest was shown in the notion that a poor intrauterine environment would have long term deleterious effects on offspring. A 1942 health manual proclaimed “mothers, you must absolutely avoid alcohol and nicotine during pregnancy and when nursing. They hinder, they harm, they disrupt the normal course of pregnancy. Drink fruit juice.” A public health

Summary points

In Nazi Germany considerable research and antismoking health promotion was carried out

The consumption of alcohol was also strongly campaigned against

Promoting these lifestyles fitted in with the racial hygiene movement but also covered up the fact that health in Nazi Germany deteriorated

film exhorted the German people that they “can and must maintain their health through a sensible lifestyle.”

Clearly there were considerable links between the promotion of particular lifestyles and the racial hygiene movement.¹⁻³ Tobacco and alcohol were seen as “genetic poisons,” leading to degeneration of the German people. Since racial hygiene has been so strongly linked to the horrors of the Nazi regime, particularly the murder campaigns against Jews, homosexuals, travellers, and those deemed to be mentally and physically defective, there was resistance to the authoritarian control of lifestyles. An émigré Jewish physician and campaigner against the Nazi regime, Martin Gumpert, considered the lifestyle campaigns to be a cover up for the fact that health in Nazi Germany deteriorated dramatically.⁴ Gumpert proclaimed that the “abstinent Hitler, who from conviction never takes a drop of alcohol ... now drives the people at whose head he stands into fatal alcoholism.”

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Is democracy good for people's health? A South African perspective

Dan J Ncayiyana

What is democracy? There are probably as many versions of this elastic concept as there are countries and nations that claim to be its adherents (and there is nary a country that does not)—something that is bound to confound attempts to tackle the question that constitutes the subject of this essay. Both Plato and Aristotle were contemptuous of the idea of democracy meaning direct rule by the populace or “the mob” as in Athens; they favoured instead the idea of “rule by the best”—the aristocracy (*aristos* is Greek for “best”).

The Aristotelian model underpins modern representative governance. The governed are afforded the opportunity periodically to elect “the best,” who will rule over them. Once elected, the ruling elite makes

decisions about war and peace, the quality of the environment, the allocation of the nation's resources, and other critical matters, all of which have profound implications for the health of the people—decisions that do not always reflect what the people regard as best for their health.

Another semantic ambiguity is the concept of “people's health.” The World Health Organization's definition of health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” casts a very wide net, leaving the

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A table showing rates for health indicators over the past decade is on bmj.com